

Community University HealthCare Center

Release of Medical Record Information

Volume

POLICY X.X.X

Effective
February 2000

**The following are responsible for the accuracy of the
information contained in this document**

Responsible University Officer
Officer

Responsible Office
Office

Policy Statement

1. Patients will be allowed to review the information in their medical record upon request. A patient must have a provider or CUHCC staff member present when they are reviewing the record.
2. Third parties may review the medical review if they have a valid consent. An appointment shall be made to schedule a time to review records.
3. Original documentation may not be removed from the medical record under any circumstances.
4. The Medical Record Department will refuse to honor a physician's recommendation to deny the request of any patient to view, receive a copy of, or receive a summary of the patient's medical record unless, prior to the patient's request, the physician has documented in the medical record the reasons that form the basis of the physician's recommendation.
5. Copies of the medical record will be provided to requestors upon receipt of a valid and signed consent from the patient or their legally authorized representative, search warrant or court order.
6. A signed consent will not be required in the case of a medical emergency when a consent can not be obtained due to the patient's condition or nature of the medical emergency. The provider should provide a consent form that describes the information requested, the person and facility that the information is being released to and the reason the patient is unable to sign the consent.
7. A consent will not be required to release immunization information or other information required by law. A consent should be completed to have documentation of the request.
8. The consent must specify the release of mental health, psychiatry or HIV testing for information relating to these diagnosis or treatment to be released.

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9. Information may be released verbally. A consent shall be obtained from the patient and the provider shall document in the medical record the information released, to whom, reason and the date.
10. Charges for copies of medical records will be revised annually based upon State guidelines. The Medical Record Administrator based upon the circumstances of the situation may waive charges.

Reason for Policy

Protect the security and confidentiality of medical records at Community-University Health Care Center.

Community University HealthCare Center

Release of Information

PROCEDURE

X.X.X.X

Responsible University Officer

Officer

Responsible Office

Medical Records

Procedure Title

1. When a request for information is received, log the patient name and date received into the log book.
2. Look up the patient's medical record number on IDX.
3. Pull the medical record, clip the request to the record and deliver to the supervisor to be processed.
4. Review the consent to see that is a valid consent. A valid consent shall include the following information:
 - a. Addressed to Community-University Health Care Center as the provider.
 - b. Patient name, date of birth, social security number and current address.
 - c. Specific information to be released including the dates of service.
 - d. The person and address that the information is being released to.
 - e. Signature of the patient or their legally authorized representative.
 - f. Date the consent is signed.
5. If the consent is not valid, return the consent to the requestor with a cover letter explaining the reason the consent is being returned. Log the request off on the Release of Information log.
6. For a valid consent, look through the medical record and copy the information requested from the consent and the consent form.
7. Write the date and initial the lower right hand corner of the consent after the reports are copied.
8. File the original consent in the Correspondence section of the medical record.
9. Complete the release of information log including the patient name, medical record number, date the request was received, date the request was processed, name of requestor, requestor type, number of pages copied and charges.
10. Complete an invoice if appropriate according to the policy. The following price structure will apply to copy medical records for 1999:
 - a. Patient and other health care facilities
 - No charge
 - b. Workman's Compensation:

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- No retrieval fee
 - 0.75 per page
 - c. Other requestors
 - Retrieval fee: \$12.14
 - Charge per page: 0.92
 - Tax 6.5%
11. Complete an envelope and mail the information, copy of request and invoice to the requestor.